



# **MISSISSIPPI SECRETARY OF STATE**

## **CHARITABLE ORGANIZATION REGISTRATION**

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### ***INSTRUCTIONS***

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Charitable Organizations must submit a **Unified Registration Statement (URS)** and an **Annual Financial Statement Report Form (FORM FS)** for the organization's most recently completed fiscal year end.

**All questions must be answered or the forms will be considered deficient and will not satisfy the filing requirement(s). If a question does not apply, answer "no" or "not applicable". When attachments are necessary, indicate the question number on the attachment.**

**A \$50 filing fee made payable to the Mississippi Secretary of State must be enclosed.**

Return the registration statement (URS), financial form (Form FS) and \$50 filing fee to:

**Mississippi Secretary of State's Office  
Charities Registration  
Post Office Box 136  
Jackson, Mississippi 39205-0136**

(601) 359-1371 or 888-236-6167

*A copy of the completed registration should be kept by the organization.*

### **REGISTRATION IS REQUIRED PRIOR TO ANY SOLICITATIONS.**

The laws and rules that govern the solicitation of contributions may be viewed at the Secretary of State's website at [www.sos.state.ms.us](http://www.sos.state.ms.us).

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### **RENEWAL OF REGISTRATION**

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All registrations must renew annually. A complete Unified Registration Statement (URS) along with the Supplement to Unified Registration Statement - Annual Financial Statement Report Form (FORM FS) is due by the date on the Certificate of Registration issued by this Office.

### **NOTICE: MISSISSIPPI LAW DOES NOT ALLOW AN EXTENSION.**

This copy of the Unified Registration Statement is intended for Mississippi filers only. A complete Unified Registration Statement (URS) for all states is posted at the website <http://www.nonprofits.org/library/gov/urs>.

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## WHO NEEDS TO REGISTER AS A CHARITABLE ORGANIZATION?

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Any organization which collects contributions from the public to be used for charitable purposes. This includes health and welfare, humane, philanthropic, patriotic organizations educational, humane, scientific, public health, environmental conservation, civic or law enforcement personnel, fire fighters, or other public safety organization, or any person employing in any manner a charitable appeal as the basis of any solicitation or an appeal that suggests that there is a charitable purpose to any solicitation.

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## WHAT IS A CONTRIBUTION?

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A contribution is the promise or grant of any money or property. Professional Membership dues are not considered contributions.

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## WHO IS EXEMPT UNDER THIS LEGISLATION?

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- A. Accredited educational institutions and foundations associated therewith;
- B. Fraternal, patriotic, social, educational, alumni organizations and historical societies who use only their memberships to solicit contributions;
- C. Persons who are soliciting contributions for specified individuals in need, if the solicitations are made solely by persons who are unpaid;
- D. Organizations which do not intend to solicit or receive and do not actually receive more than \$4000 per year in contributions;
- E. Organizations which receive allocations from registered united funds or community chests and receive less than \$4000 from other sources;
- F. All volunteer fire departments and rescue units which are chartered as nonprofit organizations by the State of Mississippi;
- G. Any humane society which contracts with counties or municipalities for the care and keeping of strays.

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## HOW DOES AN EXEMPT ORGANIZATION FILE?

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1. Fill out a "Charitable Organization Notice of Exemption" (FORM CE). Answer each question completely and have the application notarized. The Form CE is available on the Mississippi Secretary of State's web-site at [www.sos.state.ms.us](http://www.sos.state.ms.us).
2. Return completed application and required attachments to:

**Mississippi Secretary of State's Office**  
**Charities Registration**  
**Post Office Box 136**  
**Jackson, Mississippi 39205-0136**

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***Exempt organizations must file the FORM CE and receive approval by the Mississippi Secretary of State PRIOR to any solicitations.***

# **INSTRUCTIONS AND CHECKLIST FOR UNIFIED REGISTRATION STATEMENT (URS)**

## **Preliminary identifying information:**

Indicate whether registration is initial or renewal in the appropriate box.

Fill in your organization's federal Employer Identification Number (EIN).

Enter Mississippi in blank next to State.

Enter registration number issued on the Certificate of Registration for a renewal application in the State ID blank. Leave blank for initial registration.

\_\_\_\_\_ **Questions #1 - #6** are answered.

\_\_\_\_\_ **Question #7:** If A, B, C, D, and/or E is answered yes, **attach a written explanation.** If F and/or G is answered yes, **attach** a listing of all states where registered, or from whom an exemption was obtained, or in which the organization solicited contributions. (Include agencies, dates of registration, registration numbers, any other names organization was/is registered under, and the dates and types of solicitation conducted).

**VERY IMPORTANT:** In answering 7G for an initial registration, make sure a specific date when solicitation began is provided. OR, if 7G is "no" but the organization intends to begin soliciting, give the approximate date solicitations will begin.

\_\_\_\_\_ **Questions #8 – 10** are answered.

\_\_\_\_\_ **Question 11 NTEE Codes.** The National Taxonomy of Exempt Entities (NTEE) is a system for classifying nonprofits developed by the National Center for Charitable Statistics. Select the code letter that best describes the organization's primary purpose or field (enter a second or third code letter if no single code seems adequate):

<b>A</b> Arts, culture, humanities	<b>J</b> Employment, job related	<b>S</b> Community improvement, capacity building
<b>B</b> Educational institutions & related activities	<b>K</b> Food, nutrition, agriculture	<b>T</b> Philanthropy, voluntarism and grantmaking foundations
<b>C</b> Environmental quality, protection & beautification	<b>L</b> Housing, shelter	<b>U</b> Science and technology
<b>D</b> Animal related	<b>M</b> Public safety, disaster preparedness & relief	<b>V</b> Social science research
<b>E</b> Health-general & rehabilitative	<b>N</b> Recreation, sports, leisure, athletics	<b>W</b> Public affairs, society benefit
<b>F</b> Mental health, crisis Intervention	<b>O</b> Youth development	<b>X</b> Religion, spiritual development
<b>G</b> Disease, disorders, medical Disciplines	<b>P</b> Human services	<b>Y</b> Mutual/membership benefit
<b>H</b> Medical research	<b>Q</b> International, foreign affairs, national security	<b>Z</b> Unknown, unclassifiable
<b>I</b> Crime, legal related	<b>R</b> Civil rights, social action advocacy	

\_\_\_\_\_ **Question #12:** Explain purposes and programs of organization for which funds are solicited. Attach a separate sheet if necessary.

\_\_\_\_\_ **Question #13: Attach a list of officers, directors and executives of organization complete with their addresses and telephone numbers.**

\_\_\_\_\_ **Question #14: (A) (1&2)** If “yes” is answered to any of the relationships described, **attach the requested information for all the related parties. 14 (B):** If answered “yes,” **attach a written explanation.** A “misdemeanor or felony” is a crime but does not include minor traffic offenses.

\_\_\_\_\_ **Question #15: Attach a list to provide the names and addresses of the people with the specified responsibilities.** Please clearly indicate the respective responsibility for each name listed. Also include the names, addresses, and phone numbers of all banks, and all accounts (provide numbers), in which organization's funds are deposited. “Custody” means legal custody of the organization’s funds, typically the charge of the treasurer. Person responsible for “distribution” means the person, typically the president or chief executive, who has primary day-to-day authority over disposing of the organization’s funds.

\_\_\_\_\_ **Questions #16 – 22 are answered.**

\_\_\_\_\_ **Question #17** This item should be left blank for Mississippi corporations. Any organization that does not maintain an office within the State should appoint a registered agent upon which process may be served in the State of Mississippi. If no designation is made, then service of process shall be upon the Secretary of State of Mississippi.

\_\_\_\_\_ **Question #20** Attach a list of all professional fund-raisers and/or fund-raising counsel that provide fundraising services to the organizations in Mississippi. *This list must include a complete address (street & P.O.), phone number and dates of contract.* NOTE: Copies of **current** contracts not already on file must be submitted with the registration statement. *Do not include copies of contracts that have expired.* (If a contract is executed after the filing of the registration statement, a copy must be filed within 10 days of the date of execution.)

\_\_\_\_\_ **Question #22** Lines (A) thru (E) should be taken from the IRS Form 990.

**Signatures:** The URS must be signed by the **President** or other authorized officer **AND** the **Chief Financial Officer**. **BOTH** signatures must be notarized.

#### **Initial Filing Only:**

- \_\_\_\_\_ A copy of the organization’s Articles of Incorporation
- \_\_\_\_\_ A copy of the organization’s by-laws
- \_\_\_\_\_ A copy of the organization’s IRS Determination Letter.

***(Copies of the above documents are not required with renewals)***

**IMPORTANT:** Each answer on every form must be completed, and all required documents must be included in the filing.

**Failure to submit a complete filing may result in denial of the registration.**

\_\_\_\_\_ **ANNUAL FINANCIAL STATEMENT REPORT FORM IS INCLUDED**

**Unified Registration Statement (URS) for Charitable Organizations© (v. 3.10)**☐ **Initial registration** \_\_\_\_\_☐ **Renewal/Update**

This URS covers the reporting year which ended (day/month/year) \_\_\_\_\_

Filer EIN \_\_\_\_\_

State \_\_\_\_\_ State ID \_\_\_\_\_

**1. Organization's legal name** \_\_\_\_\_

If changed since prior filings, previous name used \_\_\_\_\_

All other name(s) used \_\_\_\_\_

**2. (A) Street address** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**(B) Mailing address (if different)** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**3. Telephone number(s)** \_\_\_\_\_ **Fax number(s)** \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

**4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (*attach list*).****5. Date incorporated** \_\_\_\_\_ **State of incorporation** \_\_\_\_\_

Fiscal year end: day/month \_\_\_\_\_

**6. If not incorporated, type of organization, state, and date established** \_\_\_\_\_

- 7.** Has organization or any of its officers, directors, employees or fund raisers:
- A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes \_\_\_ No \_\_\_
  - B. Had its registration denied or revoked? Yes \_\_\_ No \_\_\_
  - C. Been the subject of a proceeding regarding any solicitation or registration? Yes \_\_\_ No \_\_\_
  - D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes \_\_\_ No \_\_\_

E. Applied for registration or exemption from registration (but not yet completed or obtained)?

Yes \_\_\_\_ No \_\_\_\_

F. Registered with or obtained exemption from any state or agency? Yes \_\_\_\_ No \_\_\_\_

G. Solicited funds in any state? Yes \_\_\_\_ No \_\_\_\_

If "yes" to 7A, B, C, D, E, *attach explanation*.

If "yes" to 7F & G, *attach list* of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

8. Has the organization applied for or been granted IRS tax exempt status? Yes \_\_\_\_ No \_\_\_\_

If yes, date of application \_\_\_\_\_ OR date of determination letter \_\_\_\_\_.

If granted, exempt under 501(c) \_\_\_\_\_. Are contributions to the organization tax deductible? Yes \_\_\_\_ No \_\_\_\_

9. Has tax exempt status ever been denied, revoked, or modified? Yes \_\_\_\_ No \_\_\_\_

10. Indicate all methods of solicitations:

Mail \_\_\_\_ Telephone \_\_\_\_ Personal Contact \_\_\_\_ Radio/TV Appeals \_\_\_\_  
Special Events \_\_\_\_ Newspaper/Magazine Ads \_\_\_\_ Other(s) \_\_\_\_  
(specify) \_\_\_\_\_

11. List the NTEE code(s) that best describes your organization. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*).

13. List the names, titles, addresses, (street & P.O.), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*).

14. (A) (1) Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to:

(i) any other officer, director, trustee or employee OR

(ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR

(iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes \_\_\_\_ No \_\_\_\_

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes \_\_\_\_ No \_\_\_\_

(If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties).

- (B) Have any of the organization's officers, directors, or principal executives been convicted of a misdemeanor or felony?

(If yes, attach a complete explanation.) Yes \_\_\_\_ No \_\_\_\_

**15. Attach separate sheet listing names and addresses (street & P.O.) for all below:**

Individual(s) responsible for custody of funds.      Individual(s) responsible for distribution of funds.

Individual(s) responsible for fund raising.      Individual(s) responsible for custody of financial records.

Individual(s) authorized to sign checks.      Bank(s) in which registrant's funds are deposited (*include account number and bank phone number*).

**16. Name, address (street & P.O.), and telephone number of accountant/auditor.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Method of accounting \_\_\_\_\_

**17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process.**

*This is a state-specific item. See instructions.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**18. (A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)?      Yes \_\_\_\_ No \_\_\_\_**

**(B) Does the organization share revenue or governance with any other non-profit organization?**  
Yes \_\_\_\_ No \_\_\_\_

**(C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization?      Yes \_\_\_\_ No \_\_\_\_**

(If "yes" to A, B or C, *attach an explanation* including name of person or organization, address, relationship to your organization, and type of organization.)

**19. Does the organization use volunteers to solicit directly?      Yes \_\_\_\_ No \_\_\_\_**

Does the organization use professionals to solicit directly?      Yes \_\_\_\_ No \_\_\_\_

**20.** If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a “professional fundraiser,” “paid solicitor,” “fund raising counsel,” or “commercial co-venture”), *attach list* including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.

**21.** Amount paid to PFR/PS/FRC during previous year: \$\_\_\_\_\_

**22. (A)** Total contributions: \$

**(B)** Program service expenses: \$

**(C)** Management & general expenses: \$

**(D)** Fundraising expenses: \$

**(E)** Total expenses: \$

**(F)** Fundraising expenses as a percentage of funds raised: \_\_\_\_\_%

**(G)** Fundraising expenses plus management and general expenses as a percentage of funds raised: \_\_\_\_\_%

**(H)** Program services as a percentage of total expenses: \_\_\_\_\_%

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**Under penalty of perjury, we certify that the above information and the information contained in any attachments or supplement is true, correct, and complete.**

\_\_\_\_\_  
**SIGNATURE OF PRESIDENT OR  
OTHER AUTHORIZED OFFICER**

**DATE**

Sworn to and subscribed before me this the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**PRINTED OR TYPED NAME AND TITLE**

\_\_\_\_\_  
**NOTARY PUBLIC**

**NOTARY SEAL**

\_\_\_\_\_  
**CHIEF FINANCIAL OFFICER**

**DATE**

Sworn to and subscribed before me this the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**PRINTED OR TYPED NAME AND TITLE**

\_\_\_\_\_  
**NOTARY PUBLIC**

**NOTARY SEAL**

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Consult the state-by-state appendix to the URS to determine whether supporting documents, supplementary state forms or fees must accompany this form. Before submitting your registration, *make sure you have attached or included everything required by each state to the respective copy of the URS.*

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.